

Applied Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 405-3524

900 N Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063

Email: appliedresolutions@irosolutions.com

Fax Number:
(817) 385-9609

Notice of Independent Review Decision

Case Number:

Date of Notice: 03/03/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right L5/S1 selective nerve root block

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a xx year old male whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting. Treatment to date includes physical therapy and chiropractic treatment. The patient underwent caudal epidural steroid injection on 12/05/13 and right L5-S1 transforaminal epidural steroid injection on 01/09/14. The patient underwent laminectomy/discectomy at L5-S1 on 04/18/14. MRI of the lumbar spine dated 11/04/14 revealed at L5-S1 there is disc bulge with associated central posterior osteophyte. The disc-osteophyte complex slightly abuts the right S1 nerve root. There is no significant canal stenosis. The neural foramina are narrowed bilaterally. Follow up note dated 11/10/14 indicates that he has done physical therapy, but continues with pain. Medications are listed as Tylenol with codeine #3, Naprosyn, Neurontin, Norco, Skelaxin, Lyrica, Medrol Pak, cyclobenzaprine and Tramadol. Physical examination notes that gait is stable and he is able to stand in an upright position without difficulty.

Initial request for right L5-S1 selective nerve root block was non-certified on 12/05/14 noting that the MRI did not show significant disc herniation or stenosis. There was no examination provided for the patient from the last visit that was dated on 11/10/14. The denial was upheld on appeal dated 12/24/14 noting that the patient's MRI did not show nerve displacement at right S1. The patient denied any progressive weakness but did have numbness in an S1 distribution. The patient only had back and buttocks discomfort with no radiating pain in the legs.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent lumbar surgery in April 2014; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. The most recent clinical notes submitted for review do not contain a detailed physical examination. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for right L5-S1 selective nerve root block is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)